PTO/SB/08A/B (10-96)
Approved for use through 10/31/99. OMB 0851-0031
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE collection of information unless it displays a valid OMB control number.

Substitute for form 1449A and B/PTO				. Complete if Known		
				Application Number		
INFO	RMATIC	N DISCI	LOSURE	Filing Date		
STAT	EMENT	BY APP	LICANT	First Named Inventor	MARCOTTE, Jacques	
0.7.		D. A	_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Group Art Unit		
	(use as many :	sheets as neces	ssary)	Examiner Name		
Sheet	1	of	2	Attorney Docket Number	16622-1us GH/ik	
			· · · · · · · · · · · · · · · · · · ·			

				U.S. PATENT DOCL	-,	Pages Calumen Lines
Examiner Cité Initials* No.		U.S. Patent Document Kind Code ² Number (if known)		Name of Patentee or Applicant Of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Unes Where Relevant Passages or Relevant Figures Appear
7PK/		3,762,400		McDonald	Oct. 2, 1973	
/PK/		3,851,642		McDonald	Dec. 3, 1974	
					 	
	ļ.,					
	ļ					
	 					
	\vdash	 				

				FOR	EIGN PATENT DOCUM	ENTS			
Examiner	Cite	Fo	oreign Patent Doc		Name of Patentee or Applicant		of Publication of	Pages, Columns, Unes Where Relevant Passages or Relevant Figures Appear	Ţ <u></u>
Initials* No	No.1	Office ³	Number ⁴	Kind Code ⁶ (<i>if known)</i>	Of Cited Document	(1	Cited Document MM-DD-YYYY		70
									+-
	ļ								+
			· · · · · · · · · · · · · · · · · · ·						
	 -								┼
	 								†
	<u> </u>	 _							-
	<u> </u>							<u>. </u>	
Exam Signa		/Patr	ick Kilkenn	y/	Date Con	sidered	04/02/	2007	

EXAMINER; initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time your are required to complete this form should be sent to the Chief Information officer, patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMSTO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

¹ Unique citation designation number. ² See attached Kinds of U.S. Patent Documents. ³ Enter Office that Issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁸ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

PTO/SB/08A/B (10-96)
Approved for use through 10/31/99. OMB 0651-0031
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Substitute f	or form 1449A and	в/РТО		Complete if Known			
				Application Number			
INF	ORMATIO	N DIS	CLOSURE	Filing Date			
STA	TEMENT	BY A	PPLICANT	First Named Inventor	MARCOTTE, Jacques		
				Group Art Unit			
	(use as many s	heets as ne	ecessary)	Examiner Name	-		
Sheet 2 of 2		Attorney Docket Number	16622-1us GH/ik				

OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS									
xaminer Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), litle of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published							
, - ,									
	-								
									

Examiner Signature	04/02/2007	Date Considered	04/02/2007

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time your are required to complete this form should be sent to the Chief Information officer, patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMSTO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

¹ Unique diation designation number. ² Applicant is to place a check mark here if English language Translation is attached..